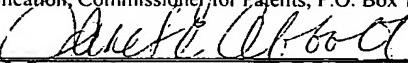
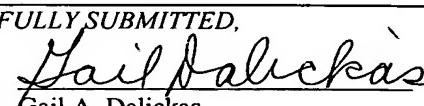


UTILITY PATENT APPLICATION TRANSMITTAL 121203 (For new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. CH-2756 US DIV2 First Named Inventor or Application Identifier James M. H. well
"EXPRESS MAIL CERTIFICATE" "EXPRESS MAIL" MAILING LABEL NUMBER <u>EL 810960843 US</u> DATE OF DEPOSIT: <u>December 12, 2003</u> I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. NAME OF PERSON MAILING PAPER OR FEE (TYPE OR PRINT) Janet E. Abbott SIGNATURE SIGN 		

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		9. <input checked="" type="checkbox"/> The Title of the Invention: PARTIALLY ORIENTED POLY(TRIMETHYLENE TEREPHTHALATE) YARN												
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. <u>04-1928</u> . <input checked="" type="checkbox"/> General Authorization to charge any and all fees under 37 CFR 1.16 or 1.17, including petitions for extensions of time, relating to this application. (37 CFR 1.136(a)(3)) <i>(Submit an original, and a duplicate for fee processing)</i>		10. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies d. <input type="checkbox"/> Use the identical computer-readable form filed in Application No. _____, filed _____ as the computer-readable form for the instant application. (37 CFR 1.821(e))												
2. <input type="checkbox"/> A Check in the Amount of \$ _____ is enclosed <input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required and credit any overpayment to Deposit Account <u>04-1928</u> .														
3. <input checked="" type="checkbox"/> The total fee is calculated as shown below: <table> <tr><td>Basic Filing fee</td><td>\$ 770.00</td></tr> <tr><td>Total Claims 15 - 20 = 0 x \$18</td><td>\$ 0.00</td></tr> <tr><td>Independent Claims 1 - 3 = 0 x \$86</td><td>\$ 0.00</td></tr> <tr><td><input type="checkbox"/> Multiple Dependent Claim present</td><td>\$ 0.00</td></tr> <tr><td>TOTAL FILING FEE</td><td>\$ 770.00</td></tr> <tr><td><input type="checkbox"/> Reduction by 50% for filing by Small Entity</td><td>\$ _____</td></tr> </table> <input checked="" type="checkbox"/> Cancel in this application original claims <u>3</u> to <u>20</u> of the prior application before calculating the filing fee. Charge \$ _____ to the above indicated Deposit Account.		Basic Filing fee	\$ 770.00	Total Claims 15 - 20 = 0 x \$18	\$ 0.00	Independent Claims 1 - 3 = 0 x \$86	\$ 0.00	<input type="checkbox"/> Multiple Dependent Claim present	\$ 0.00	TOTAL FILING FEE	\$ 770.00	<input type="checkbox"/> Reduction by 50% for filing by Small Entity	\$ _____	ACCOMPANYING APPLICATION PARTS 11. a. <input type="checkbox"/> Information Disclosure Statement (IDS) b. <input type="checkbox"/> PTO-1449 c. <input type="checkbox"/> Copies of all IDS Citations
Basic Filing fee	\$ 770.00													
Total Claims 15 - 20 = 0 x \$18	\$ 0.00													
Independent Claims 1 - 3 = 0 x \$86	\$ 0.00													
<input type="checkbox"/> Multiple Dependent Claim present	\$ 0.00													
TOTAL FILING FEE	\$ 770.00													
<input type="checkbox"/> Reduction by 50% for filing by Small Entity	\$ _____													
4. <input checked="" type="checkbox"/> Specification excluding Drawings [Total Pages] <u>21</u>		12. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))												
5. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets] <u>4</u>		13. <input type="checkbox"/> Prior Application is Assigned to: <u>E.I. du Pont de Nemours and Company</u> <i>(for continuation/divisional with Box 20a completed)</i>												
6. <input checked="" type="checkbox"/> Declaration and Power of Attorney [Total Pages] <u>1</u> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 19a completed)</i> c. <input type="checkbox"/> Unsigned Declaration <i>[Note Box 6 below]</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		14. <input checked="" type="checkbox"/> Preliminary Amendment 15. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>												
7. <input checked="" type="checkbox"/> Application Data Sheet 37 CFR 1.76		16. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(If foreign priority is claimed)</i> 17. <input checked="" type="checkbox"/> Transfer all references cited by Applicants or by the Examiner from the parent Application Serial No. <u>09/795,933</u> , filed <u>02/28/2001</u> , which is a Divisional of <u>09/518,732</u> , filed <u>03/03/2000</u> A PTO-1449 listing the references is enclosed.												
		18. <input type="checkbox"/> 19. <input type="checkbox"/> Applicant Claims Small Entity Status Other :												
8. <input checked="" type="checkbox"/> Incorporation By Reference <i>(useable if Box 6b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 6b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.														

20. Priority Information, check appropriate box and supply the requisite information a The accompanying application is a <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) Of prior application No: <u>09/795,933</u> , filed <u>02/28/2001</u> , which is a Divisional of <u>09/518,732</u> , filed <u>03/03/2000</u> . Examiner: <u>Shaun R. Hurley</u> Group/Art: <u>3765</u>			
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--

21. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number: <u>23906</u> <i>Address</i> E.I. du Pont de Nemours and Company Telephone (302) 984-6282 Fax (302) 658-1192		22. RESPECTFULLY SUBMITTED,  Signature Name <u>Gail A. Dalickas</u> Date <u>December 12, 2003</u> Registration No. <u>40,979</u>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

23. The Power of Attorney in the Prior Application includes: _____

Recognize as Associate Attorney: _____

Attorney _____ Registration No. _____

and address future correspondence to same as indicated in Box 21.

The invention was made by an agency of the U. S. Government or under a contract with an agency of the U. S. Government.

No.

Yes, the name of the U.S. Government agency and the Government contract number are: _____

(preferred arrangement of specification set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (*if filed*)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 770.00)

Complete if Known

Application Number	Unknown
Filing Date	December 12, 2003
First Named Inventor	James M. Howell
Examiner Name	Unknown
Group / Art Unit	Unknown
Attorney Docket No.	CH-2756 US DIV2

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None Deposit Account:

Deposit Account Number

04-1928

Deposit Account Name

E. I. du Pont de Nemours and Company

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity | Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770.00
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

770.00

2. EXTRA CLAIM FEES

Total Claims	15	-20	=	Extra Claims	Fee from below	Fee Paid
Independent Claims	1	-3	=	0	X 18	0
Multiple Dependent	<input type="checkbox"/>			0	X 86	0

X 290 = 0

Large Entity | Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	43	Independent claims in excess of 3
1203	280	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ 0)

*or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity | Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	2053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive – unavoidable	
1453	1,330	2453	665	Petition to revive – unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 0)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Gail A. Dalickas	Registration No. Attorney/Agent	40,979	Telephone	(302) 984-6282
Signature	<i>Gail A. Dalickas</i>			Date	December 12, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner For Patents PO Box 1450, Alexandria, VA 22313-1450.

Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

on December 12, 2003 .

Date


Signature

Type or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal

Utility Patent Application Transmittal for filing Divisional

Unity Application Data Sheet

Application Data Sheet
Preliminary Amendment

Divisional Application

Drawings - 4 sheets

Declaration/Power of Attorney (copy from parent application)

Form PTO-1449 – 5 sheets (copy from parent application)

PTO/SB/08A - 3 sheets (copy from parent application)

1103/CB/00A - 3 sheets (copy from parent application)
Copy of Terminal Disclaimer from parent application)

Serial Number: Unknown

Serial Number: UNKNOWN